

## Clinic Observation of Staff & Client Services – Clinic Services

**One form is to be completed for each client observed at the clinic by the reviewer.**

**Client Name:**\_\_\_\_\_ **ID#:**\_\_\_\_\_ **Fam. ID:**\_\_\_\_\_

**Responsible Party:**\_\_\_\_\_ **Agency/Clinic**\_\_\_\_\_

**Time Visit Began:** \_\_\_\_\_ **Time Visit Ended:**\_\_\_\_\_ **Date** \_\_\_\_\_

**Type of Visit:**   ☐New Cert.   ☐Recert.   ☐Re-enroll   ☐Immed.   ☐Presump

**Participant's Category:**   ☐Pregnt   ☐Brstfdg   ☐Postpt   ☐Infant   ☐Child

**Client Does Not Speak English**   ☐   **Language Spoken:**\_\_\_\_\_

**Translator Available**   ☐   **Translator Used**   ☐   **Staff Member Bilingual**   ☐

	YES	NO	NA	COMMENTS
1. Participant is taken in order of appointment or arrival.				
2. Staff acknowledges clients arrival.				
3. Staff explains certification process.				
4. Staff explains purpose of WIC program.				
5. Participant is given WIC Signature Form to read and sign.				
6. Participant is asked if they understand what they have read.				
7. For minors the responsible party is allowed to designate a 2 <sup>nd</sup> responsible party.				
8. Staff checks that address and phone number are current.				
9. Voter registration card is provided when applicable.				
10. Participant identification is seen.				
11. Responsible party identification is seen.				
12. Staff documents proof of identity on the Signature Form.				
13. Proof of residency is seen.				
14. Residency is documented on the Signature Form.				
15. Family size is determined.				

	YES	NO	NA	COMMENTS
16. Adjunctive eligibility is assessed.				
17. Participant is adjunctively income eligible.				
18. Participant is a foster child.				
19. Income is calculated and entered into the computer.				
20. Proof of income is seen and documented on the Signature Form.				
21. Language field is completed.				
22. Race field is completed by staff asking ppt. for racial affiliation.				
23. Asks how the participant heard about the WIC program and documents.				
24. Provides Information on ADF, Food Stamps, Kids Connection, etc.				
25. Rights & Responsibilities insert given and summarized.				
26. Enrollment Proxy: determine if needed, offered, explained.				
27. Check proxy offered/explained				
28. Explanation of how to use WIC checks provided.				
29. ID folder given and use explained.				
30. Schedule next appointment				
31. Collect food history forms from participant or provide them with forms to complete.				
32. Direct participant where to go next in clinic.				
33. Ineligibility Letter given when determined ineligible.				

**Reviewer** \_\_\_\_\_

## Summary Sheet

Local Agency: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

Date: \_\_\_\_\_

### Clinic Observation of Staff & Client Services Summary Sheet

Reviewers will use this sheet to compile the totals from all of the individual Clinic Observation of Staff & Client Services Sheets completed during the clinic visit.

	# of Charts YES	# of Charts NO	COMMENTS
1. Participant is taken in order of appointment or arrival.			
2. Staff acknowledges clients arrival.			
3. Staff explains certification process.			
4. Staff explains purpose of WIC program.			
5. Participant is given WIC Signature Form to read and sign.			
6. Participant is asked if they understand what they have read.			
7. For minors the responsible party is allowed to designate a 2 <sup>nd</sup> responsible party.			
8. Staff checks that address and phone number are current.			
9. Voter registration card is provided when applicable.			
10. Participant identification is seen.			
11. Responsible party identification is seen.			
12. Staff documents proof of identity on the Signature Form.			
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14. Residency is documented on the Signature Form.			
15. Family size is determined.			
16. Adjunctive eligibility is assessed.			
17. Participant is adjunctively income eligible.			
18. Participant is a foster child.			
19. Income is calculated and entered			

into the computer.			
	<b># of Charts YES</b>	<b># of Charts NO</b>	<b>COMMENTS</b>
20. Proof of income is seen and documented on the Signature Form.			
21. Language field is completed.			
22. Race field is completed by staff asking ppt. for racial affiliation.			
23. Asks how the participant heard about the WIC program and documents.			
24. Provides Information on ADF, Food Stamps, Kids Connection, etc.			
25. Rights & Responsibilities insert given and summarized.			
26. Enrollment Proxy offered/ explained.			
27. Explanation of how to use WIC checks provided.			
28. ID folder given and use explained.			
29. Schedule next appointment			
30. Collect food history forms from participant or provide them with forms to complete.			
31. Direct participant where to go next in clinic.			
32. Ineligibility Letter given when determined ineligible.			

